

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	070600001		CITY	OR TOWN	MILFORD	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	LINCHRIS HOTEL,C	ORP.				
DOING BUSINESS A	DOUBLETREE HO	TEK BOSTON/I	MILFOR	D		
ADDRESS 11 BEAVE	ER ST.					
CITY/TOWN: MILF	ORD	STATE: MA	ZI	P CODE:	01757	
MANAGER: GORD	OON,STEVEN TYPE	OF LICENSE: In	nholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	EMAIL ADDI	RESS		_
DESCRIPTION OF L	ICENSED PREMISES	:				
179 ROOM HOTEL V						
ROOMS,INDOOR PC BEVERAGE SERVICE						
FUNCTION AND CO					ID JA CELVIA	OTLL
I hereby certify and sw	vear under penalties of	perjury that:				
1. the renewed	d license will be of the	same type for th	e same p	remises now	licensed;	
2. the licensee	has complied with all	laws of the Com	monwea	lth relating t	o taxes; and	
3. the premise	es are now open for bus	siness (If not exp	lain belo	w)		
SIGNED BY:	Lat' 1 al Destaran	A (1) 1 C	O.C.	C		
	Individual, Partner or	Authorized Corp	orate Of	ncer		
DATE:	TELEPHONE N	JI IMRFR		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEE HOIVE	VOIVIDEIX.	(1	Note: NOT Inc	lividual Social S	ecurity Number)
We the undersioned	attest that we are in	nossession (1) tl	he certifi	cate requir	ed by Chant	er 304 of the
Acts of 2004, signed	by the building inspe	ctor and the hea	d of the	fire depart	ment for the	above named
license and (2) the ce	rtificate of liquor lial	oility insurance	required	l by Chapte	r 116 of the	Acts of 2010.
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	1)					
			-			
DATE:						<u></u>
D1111.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 070600002		CITY OR TOWN MILFOR	D
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: THE KRYST.	AL ROOM CORP.		
DOING BUSI	NESS A			
ADDRESS 49	CEDAR ST.			
CITY/TOWN:	: MILFORD	STATE: MA	ZIP CODE: 01757	
MANAGER:	MEEHAN, PATRICIA	TYPE OF LICENSE:Re	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
AREA, REST	ROOMS AND STORA	AGE AREA FOR TABLE	XIT DOORS, BAR WITH COA S AND CHAIRS. CELLAR AI MENS ROOMS,ONE ENTRAI	REA,BAR
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now licensed;	
	•		monwealth relating to taxes; and	d
3. the	premises are now ope	n for business (If not expl	ain below)	
SIGNED BY:		artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	signed by the buildir	ng inspector and the hea	e certificate required by Chaj d of the fire department for th required by Chapter 116 of th	ne above named
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 disappiove	a expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 0/0600003		CITY OR TO	JWN MILFOR	ט
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
DOING BUSINESS	: CAPITOL BC RE				
ADDRESS 124 ME					
CITY/TOWN: MI	LFORD	STATE: M	A ZIP COD	DE: 01757	
MANAGER: MA J.	GUIRE, BRIAN TY	PE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMI	SES:			
2. the licen	wed license will be of see has complied with hises are now open for	h all laws of the Co	ommonwealth rela		1
SIGNED B1:	Individual, Partne	r or Authorized Co	orporate Officer		
DATE:	TELEPHON	NE NUMBER:		LOYER IDENTIFICA	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the h	ead of the fire d	epartment for th	ne above named
Please Check Below:			LOCAL LI	CENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	1 a111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600006	(CITY OR TOWN	MILFORD	
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 20	
LICENSEE NAME: TGI FRIDAY'S INC DOING BUSINESS A TGI FRIDAYS ADDRESS 136-38 MAIN STREET				YEAR
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE:	01757	
MANAGER: PRYER, TIMOTHY TYPE	E OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEI DESCRIPTION OF LICENSED PREMIS! 1ST FL. COMMERCIAL SPACE IN RET UNIT CONSISTS OF 1200 SQ.FT.& ARE STORAGE RM. THE UNIT HAS 2 ENTE	ES: 'AIL/COMMERCIAL RANGED IN 2 MAIN	PROF- ESSIONA RMS WITH 3 BA	ATHRMS, OI	FFICE/
1. the renewed license will be of the second s	he same type for the sa all laws of the Commo pusiness (If not explain	onwealth relating to n below)		
DATE: TELEPHONE	or Authorized Corpora			ION NUMBER:
We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor li	pector and the head o	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER	C: 070600007		CITY OR TO	WN MILFORL	,
APPLICATION FOI	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	HOBOKEN CIT	IZENS CLUB, INC.			
DOING BUSINESS	A				
ADDRESS 252 CEN	TRAL ST.				
CITY/TOWN: MIL	FORD	STATE: MA	ZIP COD	E: 01757	
MANAGER: PIAZ	ZZA, LOUIS H. T	YPE OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:			
		WO STORY BLDG. O			
I hereby certify and s	swear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for the	same premises	now licensed;	
2. the licens	ee has complied w	rith all laws of the Comn	nonwealth rela	ting to taxes; and	
3. the premi	ses are now open f	for business (If not expla	ain below)		
SIGNED BY:	Individual, Partı	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPI	OYER IDENTIFICA	TION NUMBER:
			(Note: <u>NO</u>	<u>OT</u> Individual Social S	Security Number)
Acts of 2004, signed	d by the building	are in possession (1) the inspector and the head or liability insurance re	l of the fire de	partment for the	e above named
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved expir	<i>)</i>				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED B	Y LICENSEES DURING THE M	ONTH OF NOVEMI	BER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUMBE	ER: 070600008		CITY OR TOWN MILFO	RD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSINES		NGE INC		
ADDRESS 31 CEN				
CITY/TOWN: MI	LFORD	STATE: MA	ZIP CODE: 01757	
	ESCHI, TY	YPE OF LICENSE: Resi	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS	3:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	ISES:		
THREE ROOMS C CELLAR FOR STO		OF A ONE STORY BLI	DG,ONE FRONT ENTRAN	CE AND
I hereby certify and	swear under penalti	es of perjury that:		
1. the rene	wed license will be o	of the same type for the	same premises now licensed;	
2. the licer	see has complied wi	th all laws of the Comm	nonwealth relating to taxes; a	nd
3. the pren	nises are now open for	or business (If not expla	in below)	
SIGNED BY:	Individual, Partn	er or Authorized Corpo	rate Officer	
	,	•		
DATE:	TEI EDHO	NE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
	TELETHO	NE NOMBER.	(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sign	ed by the building i	nspector and the head	e certificate required by Ch of the fire department for equired by Chapter 116 of t	the above named
Please Check Below:	_		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:	loin)			
(If disapproved exp	nam)			
DATE:				
APPLICATION FOR RENI	EWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 13	8 \$ 16A)



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LICENSE NUMBER:	070600009		CITY OI	R TOWN	MILFORD	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 121 DEPO		A, INC.				
CITY/TOWN: MILF		STATE: MA	71D (CODE:	01757	
MANAGER: ENG, 7						All Alcohol
EMAIL ADDRESS:						7
	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRES	is		
DESCRIPTION OF LI						
WOOD FRAME SINC REAR EXIT, LOUNGI AREA AND KITCHE	E AREA WITH BA					
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	l license will be of	the same type for the	ne same prei	mises now	licensed;	
2. the licensee	has complied with	all laws of the Cor	nmonwealth	relating t	o taxes; and	
3. the premise	s are now open for	business (If not exp	plain below))		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Offic	eer		
D. 1 777						
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
			(110)	ie. <u>NOT</u> inc	iividuai Sociai S	ecurity Number)
We the undersigned, Acts of 2004, signed l license and (2) the ce	y the building ins	spector and the he	ad of the fi	re depart	ment for the	above named
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY
APPROVED:	٦		By:			
DISAPPROVED:						
(If disapproved explain	.)					
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NO	OVEMBER (M	I.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 070600011		CITY OR TOW	MILFORD	
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: PREZO GRI	LLE & BAR, INC.			
DOING BUSINES	SS A PREZO GR	RILLE & BAR			
ADDRESS 2291/2	2 EAST MAIN S	TREET			
CITY/TOWN: M	IILFORD	STATE: MA	ZIP CODE:	01757	
	LIVERI, HOMAS M.	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PI	REMISES:			
ESTABLISHMEN BAR, WITH AN	NT WITH FRON' ADDITIONAL 20	AIT STATION AND COC I,SIDE, AND REAR ENT D-SEAT DINING AREA, A EAT SMOKING SECTION	RANCE/EXIT. 30 A RESTAURANT	SEAT HORS	ГО 92
I hereby certify an	d swear under per	nalties of perjury that:			
		be of the same type for the	-		
	-	d with all laws of the Comr	_	to taxes; and	
3. the pre	mises are now op	en for business (If not expl	ain below)		
SIGNED BY:	Individual, F	artner or Authorized Corpo	orate Officer		
DATE:	TELEI	PHONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned by the buildi	ve are in possession (1) thing inspector and the head iquor liability insurance r	l of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(ii disapproved ex	.piaiii)				
			-		
DATE:					



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LICENSE NUMB	ER: 070600015		CITY OR TOWN	MILFORD
APPLICATION F	OR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: DIN-DIN RES	STAURANTS, INC		
DOING BUSINES	SS A PEPPERON	CINI'S PIZZERIA & GR	JLL	
ADDRESS 201 E.	AST MAIN ST.			
CITY/TOWN: M	IILFORD	STATE: MA	ZIP CODE:	01757
	OSCERBO, INCENT F.	TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	OF LICENSED PRI			
		JILDING. FRONT ENTE ED KITCHEN WITH A I		
I hereby certify an	d swear under pena	alties of perjury that:		
1. the ren	ewed license will b	be of the same type for the	e same premises now	licensed;
2. the lice	ensee has complied	with all laws of the Com	monwealth relating to	taxes; and
3. the pres	mises are now open	n for business (If not exp	lain below)	
SIGNED BY:				
	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indi	ividual Social Security Number)
We the undersign	ned, attest that we	e are in possession (1) th	ne certificate require	ed by Chapter 304 of the
				nent for the above named r 116 of the Acts of 2010.
	ie certificate of no	quor nabinty insurance	required by Chapter	110 of the Acts of 2010.
Please Check Below: APPROVED:	\neg			ING AUTHORITY
DISAPPROVED:	_		By:	
(If disapproved ex				
DATE:				
APPLICATION FOR REN	NEWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 070600016		CITY OR TOWN	MILFORD	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: MANGO THAI C	UISINE, INC			
DOING BUSI	NESS A				
ADDRESS 9 N	MEDWAY RD				
CITY/TOWN:	MILFORD	STATE: MA	ZIP CODE:	01757	
MANAGER:	POULIN-GAGNON, TY JAMES J.		neral on Comise	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
3000 SQ FT W I hereby certify	N OF LICENSED PREMINATION AMAIN FRONT EN vand swear under penalties renewed license will be of	NTRANCE AND ON s of perjury that:	E REAR ENTRAN		
2. the	licensee has complied with	all laws of the Comr	nonwealth relating t	to taxes; and	
3. the	premises are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partnei	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICAT	
Acts of 2004,	rsigned, attest that we are signed by the building in) the certificate of liquor	spector and the head	d of the fire depart	ment for the	above named
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER	(:0/060001/		CITY	JK TOWN	MILFORD	
APPLICATION FOR	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS		RICAN WORLD WA	R VETER	RANS OF U	U.S. INC.	
ADDRESS HAYWA	ARD FIELD					
CITY/TOWN: MIL	FORD	STATE: MA	ZIP	P CODE:	01757	
MANAGER: COL	LINS,ROBERT T	YPE OF LICENSE: C	lub	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDR	ESS		
	IE FIRST FLOOR,	IISES: ,TWO ROOMS IN B. LDG. ENTRANCES;				
AND THREE EXITS						
I hereby certify and s		1 3 0				
		of the same type for the	_			
	-	ith all laws of the Con		_	to taxes; and	
3. the premi	ses are now open for	or business (If not exp	laın belov	w)		
SIGNED BY:	Individual, Partn	er or Authorized Corp	orate Off	icer		
DATE:	TEI EPHO	ONE NUMBER:	L	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETITE	TVE TVEIVIBEIX.	(N	lote: <u>NOT</u> Ir	ndividual Social S	Security Number)
Acts of 2004, signed	d by the building i	re in possession (1) t inspector and the hea or liability insurance	ad of the f	fire depar	tment for the	above named
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [uin)					
(ii disappioved expla	<i>)</i>					
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF 1	NOVEMBER (M.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 070600025		CITY OR TOWN	MILFORD
APPLICATION I	FOR RENEWAL	: Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: EL TACO,I	NC.		
DOING BUSINE	SS A ACAPULO	CO'S_MEXICAN FAMIL	Y RESTAURANT	
ADDRESS 231 E	EAST MAIN ST			
CITY/TOWN: N	/ILFORD	STATE: MA	ZIP CODE:	01757
	UTIERREZ, ADIRA	TYPE OF LICENSE: F	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (OF LICENSED P	REMISES:		
	CE. IT WILL HA	UNIT. THE PROPERT VE FULL ENTRANCES		
I hereby certify ar	nd swear under pe	enalties of perjury that:		
1. the ren	newed license wil	l be of the same type for the	ne same premises nov	v licensed;
2. the lice	ensee has compli	ed with all laws of the Cor	nmonwealth relating	to taxes; and
3. the pre	emises are now of	en for business (If not ex	plain below)	
SIGNED BY:	T 11 1 1 1 1		OST	
	Individual,	Partner or Authorized Cor	porate Officer	
DATE:			EMPLOYE	R IDENTIFICATION NUMBER:
DATE.	TELE	PHONE NUMBER:		dividual Social Security Number)
				red by Chapter 304 of the tment for the above named
	•	_	_	er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	kplain)		·	
DATE:				



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LICENSE NUMBER	: 070600026		CITY OR TO	JWN MILFORE)
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MARCHEGIAN	O CLUB, INC.			
DOING BUSINESS	A				
ADDRESS 62 MEA	DE ST.				
CITY/TOWN: MIL	FORD	STATE: MA	ZIP COD	DE: 01757	
MANAGER: TAM	AGNI, REX F. T	YPE OF LICENSE:Clu	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF 1					
	E STORY BLDG	THREE ROOMS IN E ONE FRONT ENTRA			
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be	of the same type for the	same premise	s now licensed;	
2. the license	ee has complied wi	ith all laws of the Com	monwealth rela	ating to taxes; and	
3. the premis	ses are now open for	or business (If not expl	ain below)		
SIGNED BY:	Individual, Partn	er or Authorized Corpo	orate Officer		
D 4 500					
DATE:	TELEPHO	ONE NUMBER:		LOYER IDENTIFICA OT Individual Social (
			(110te. <u>111</u>	91 marviduai Sociai	security (validet)
Acts of 2004, signed	by the building i	re in possession (1) th inspector and the head or liability insurance r	d of the fire d	epartment for the	e above named
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	 in)				
(ii disappioved expia	<i>)</i>				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY	Y LICENSEES DURING THE M	IONTH OF NOVEM	BER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600028	C	ITY OR TOWN	MILFORD	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: RICHARD'S FOOD & DR	INK, INC.			
DOING BUSINESS A				
ADDRESS 67 MEDWAY RD.				
CITY/TOWN: MILFORD STA	ATE: MA	ZIP CODE:	01757	
MANAGER: WINSHMAN, PAULTYPE OF L	ICENSE: Restau	irant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
TWO FLOORS WITH STORAGE IN BASEME AREA, KITCHEN AND TWO RESTROOMS OF MAIN FLOOR WITH TWO EXITS FROM DIN BASEMENT LEVEL, BELOW KITCHEN	N THE MAIN F	LOOR;FRONT E	NTRANCE (ON
I hereby certify and swear under penalties of perju	ıry that:			
1. the renewed license will be of the same	e type for the sar	me premises now	licensed;	
2. the licensee has complied with all laws	s of the Common	nwealth relating to	taxes; and	
3. the premises are now open for busines	s (If not explain	below)		
SIGNED BY: Individual, Partner or Auth	orized Corporat	e Officer		
DATE: TELEPHONE NUM	BER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we are in poss Acts of 2004, signed by the building inspector license and (2) the certificate of liquor liability	and the head of	f the fire departn	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		Ву:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMBER	C : 070600030		CITY OR TOW	M MILFORD	•
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CLUB PORTUGU	ESE DE INSTRUCAC	O E RECREIO,	INC.	
DOING BUSINESS	A				
ADDRESS 119 PRO	SPECT HEIGHTS				
CITY/TOWN: MIL	FORD	STATE: MA	ZIP CODE:	: 01757	
MANAGER: SOA	RES, DAVID A.TYF	PE OF LICENSE: Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
	LICENSED PREMIS				
		LOUNGE AND SITT ECOND FLOOR. 7 EX			
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of	the same type for the s	same premises n	ow licensed;	
	•	all laws of the Comm		ng to taxes; and	
3. the premi	ses are now open for	business (If not explain	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEDION	EMMOED	EMPI O	YER IDENTIFICAT	FION NUMBER:
DITIE.	TELEPHON	E NUMBER:		Individual Social S	
Acts of 2004, signe	d by the building ins	in possession (1) the spector and the head liability insurance re	of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	ain)				
(u.s.pp.o.,ca expin	,				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY L	ICENSEES DURING THE MO	NTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBER:	070600032		CITY	OR TOWN	MILFORD	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	MILFORD SPORT	S CLUB, INC.				
DOING BUSINESS A	A DOC'S SPORTS I	BAR & GRILLE				
ADDRESS 340 EAS	T MAIN STREET					
CITY/TOWN: MILE	FORD	STATE: MA	ZI	P CODE:	01757	
MANAGER: COAL	Y, KEVIN T. TYP	'E OF LICENSE: Re	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDI	RESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:				
1 STORY STEEL FR EACH SIDE AND RI OUTSIDE THE BUIL	ECEIVING ENTRA	NCE AT SIDE REA	AR. PRO	SES TO B	JILD A DEC	
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of t	he same type for the	e same p	remises nov	v licensed;	
2. the license	e has complied with	all laws of the Com	monwea	lth relating	to taxes; and	
3. the premise	es are now open for l	business (If not exp	lain belo	w)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Of	ficer		
DATE:	TELEPHONI	E MIMBED.		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELETHON	E NOMBEK.	(1			Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	pector and the hea	ad of the	fire depart	tment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	\neg		By:			
DISAPPROVED: (If disapproved explain	 n)					
(ii disappio ved explai	··· <i>/</i>					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY LI	CENSEES DURING THE I	MONTH OF	NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 070600033		CITY OR TOWN	MILFORD
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: POWERLESS I	NC		
DOING BUSINE	ESS A THE TRADES	SMAN		
ADDRESS 284	WEST ST			
CITY/TOWN:	MILFORD	STATE: MA	ZIP CODE:	01757
	DEDOMINICK, T ROBERT	YPE OF LICENSE: Res	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
		TWO STORY BLDG. S LSO ONE ROOM USE		
I hereby certify a	and swear under penalt	ies of perjury that:		
1. the re	newed license will be	of the same type for the	same premises now	licensed;
2. the lie	censee has complied w	rith all laws of the Comr	nonwealth relating t	o taxes; and
3. the pr	remises are now open	for business (If not expla	ain below)	
SIGNED BY:	Individual, Part	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, si	gned by the building	inspector and the head	l of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below	<u>:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600035		CITY OR TOWN MILFORD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: SCIOLI CORPORAT	ΓΙΟΝ		
DOING BUSINESS A SCIOLI'S PIZZA B	AR		
ADDRESS 146 SOUTH MAIN STREET			
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE: 01757	
MANAGER: SCIOLI, SUZETTE TYPE PINTO	OF LICENSE:Re	estaurant CATEGORY: All Alcoh	nol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
EXTEND THE PREMISES BY ACCESSII 2500 SQUARE FEET WHICH WILL CONBAR WITH AN 8X10 COOLER			
I hereby certify and swear under penalties o	f perjury that:		
1. the renewed license will be of the	e same type for the	e same premises now licensed;	
2. the licensee has complied with a		· ·	
3. the premises are now open for bu	usiness (If not expl	lain below)	
SIGNED BY: Individual, Partner o	r Authorized Corp	orate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numb	
Acts of 2004, signed by the building insp	ector and the hea	ne certificate required by Chapter 304 of the door of the fire department for the above name required by Chapter 116 of the Acts of 201	ned
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п аваррточеа схраші)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:070600036		CITY OR TOWN	MILFORD	
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 68 WATI	A TD's Pub	nc			
CITY/TOWN: MILI	FORD	STATE: MA	ZIP CODE:	01757	
MANAGER: O'Too	ole, Patricia E TY	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF I 2 STORY WOOD FR RESTROOMS ON F	LICENSED PREMI	H BAR,LOUNGE,KI	ГСНЕN, STORAGI		
BASEMENT FLOOF				212 22001,2	12001
2. the license	e has complied with es are now open for	the same type for the n all laws of the Community business (If not explain or Authorized Corporation)	monwealth relating t		
DATE: We the undersigned		NE NUMBER:	(Note: NOT Inc	dividual Social So	
Acts of 2004, signed license and (2) the c	by the building in	spector and the head	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 070600038		CITY OR TO	WN MILFORL)
APPLICATION F	OR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	E: COURTYARD	MANAGEMENT COR	PORATION		
DOING BUSINES	SS A COURTYARD	BY MARRIOTT			
ADDRESS 10 FO	RTUNE BLVD.				
CITY/TOWN: M	IILFORD	STATE: MA	ZIP COD	E: 01757	
MANAGER: GO ER		YPE OF LICENSE: Inn	holder	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
	OF LICENSED PREM				
CONFERENCE R AREA ON NORT	COOMS IN NORTHY TH SIDE AND LARC	RANT AND LOUNGE WEST CORNER OF B BE ATRIUM IN CENT I'H SIDE,3 ON SOUTH	UILDING,IND ER OF HOTE	OOOR POOL AN	
I hereby certify an	d swear under penalt	ies of perjury that:			
1. the rene	ewed license will be	of the same type for the	same premises	now licensed;	
2. the lice	ensee has complied w	ith all laws of the Comr	nonwealth rela	ting to taxes; and	
3. the pres	mises are now open f	for business (If not explain	ain below)		
SIGNED BY:	Individual, Partı	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA T Individual Social S	
Acts of 2004, sign	ned by the building	are in possession (1) the inspector and the head or liability insurance r	l of the fire de	partment for the	above named
Please Check Below:	_		LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(11 disupproved ex	P.14111)				
					<u>—</u>
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600040	CITY OR TOWN MILFORD					
APPLICATION FOR RENEWAL: And	nual LICENSED FOR 2013					
CL	ASS YEAR					
LICENSEE NAME: C.L. BURNHAM, INC						
DOING BUSINESS A WEST STREET LIQUORS						
ADDRESS 61 WEST ST						
CITY/TOWN: MILFORD STATE	: MA ZIP CODE: 01757					
MANAGER: BURNHAM, TYPE OF LICE LESLIE	NSE:Package Store CATEGORY: All Alcohol					
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:						
FIRST FLOOR OF A WOOD FRAME BUILDING, CONTAINING 2926 SQ FT, WITH AN ENTRANCE AND EXIT WITH STEPS AND RAMP ON THE EAST SIDE OF BLDG						
2. the licensee has complied with all laws of t	 the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 					
SIGNED BY: Individual, Partner or Authoriz	ed Corporate Officer					
DATE: TELEPHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER:					
	(Note: <u>NOT</u> Individual Social Security Number)					
Please Check Below:	LOCAL LICENSING AUTHORITY					
APPROVED:	Ву:					
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600042		CITY OR TOWN	MILFORD
APPLICATION FOR RENEWAL	L: Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CONTEMP	PORARY CONCEPTS INC		
DOING BUSINESS A Route 85	Mobil		
ADDRESS 134 CEDAR STREET	Γ		
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE:	01757
MANAGER: ROY, ROGER	TYPE OF LICENSE: Pa	ackage Store CAT	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED I	PREMISES:		
ONE STORY BUILDING OF AF ENTRANCE/EXIT.	PPROX. 1600 SQ.FT. WITH	H FRONT AND REAR	
3. the premises are now of SIGNED BY:	ied with all laws of the Compen for business (If not exp Partner or Authorized Corp	lain below)	axes; and
DATE: TELI	EPHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	NG AUTHORITY
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	/0600043		CITY OR TOWN MILEC	JKD
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME: B DOING BUSINESS A ADDRESS 270 MAIN				
CITY/TOWN: MILFO	ORD S'	TATE: MA	ZIP CODE: 01757	
MANAGER: PATEL K	, MAYANK TYPE OF	LICENSE:Pac	kage Store CATEGOR	RY: All Alcohol
EMAIL ADDRESS:				
	ASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LIC		AD FOR CTO		V DI DC
SALESROOM, TWO R			RAGE OF A THREE STOR	Y BLDG.
I hereby certify and swe	ar under penalties of pe	rjury that:		
1. the renewed	license will be of the sa	me type for the	same premises now licensed	•
2. the licensee	has complied with all la	ws of the Comm	nonwealth relating to taxes; a	and
3. the premises	are now open for busin	ess (If not expla	in below)	
SIGNED BY:	ndividual, Partner or Au	uthorized Corpo	rate Officer	
DATE:	TELEPHONE NU	MBER:	EMPLOYER IDENTIF (Note: NOT Individual Soc	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AU By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/060	10044	CITY OR TOWN MILFORD	
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TRUS DOING BUSINESS A MA			
ADDRESS 315 MAIN ST			
CITY/TOWN: MILFORD	STATE: M	A ZIP CODE: 01757	
MANAGER: PATEL, AR	PITA T TYPE OF LICENSE:	Package Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
2. the licensee has of 3. the premises are SIGNED BY:	· =		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600045		CITY OR TOWN	MILFORD	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JONSIN, LLC				
DOING BUSINESS A COUNTRYSIDE L	IQUORS			
ADDRESS 170 CENTRAL STREET				
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE:	01757	
MANAGER: ABIMERHI, JOHN TYPE	OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		L
DESCRIPTION OF LICENSED PREMISE	S:			
ONE ROOM THE FIRST FLOOR OF A OR REAR, WITH ONE FRONT AND ONE RE			TORAGE IN	THE
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	e same type for the	same premises now	licensed;	
2. the licensee has complied with al	ll laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for bu		=		
SIGNED BY:				
Individual, Partner or	r Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social Se	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0706000)46	CITY OR TOWN	MILFORD
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: GEARA	MARKETING,INC.		
DOING BUSINESS A MAC I	PACKAGE		
ADDRESS 96 PROSPECT ST			
CITY/TOWN: MILFORD	STATE: MA	A ZIP CODE:	01757
MANAGER: GEARA,RIAD	K. TYPE OF LICENSE:	Package Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
2 ROOMS ON FIRST FLOOR			
ROOM IN REAR FOR STORA ENTRANCE FACING WILLI		NCE ON CAPE RD A	ND ONE SIDE
I hereby certify and swear under	er penalties of perjury that:		
	will be of the same type for t	the same premises now	licensed;
	aplied with all laws of the Co	=	
3. the premises are nov	w open for business (If not ex	aplain below)	
SIGNED BY:			
Individu	al, Partner or Authorized Con	rporate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
		(Note: NOT Ind	lividual Social Security Number)
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaili)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	7/0600047		CI	IY OR IO	WIN	VIILFORL	,
APPLICATION FOR I	RENEWAL:	Annua	l	LI	CENSE	ED FOR 2	013
		CLASS	3				YEAR
LICENSEE NAME: 7	5 PURCHASE S	TREET CORPO	RATION	1			
DOING BUSINESS A							
ADDRESS 75 PURCH	ASE ST						
CITY/TOWN: MILFO	ORD	STATE:	MA	ZIP CODI	E:	01757	
MANAGER: PABLA	A, GURMIT TY	PE OF LICENS	E:Packag	ge Store	САТ	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL	ADDRESS			
DESCRIPTION OF LI	CENSED PREMI	SES:					
SALESROOM; ONE V STORAGE AND ONE		NT ENTRANCE	S AND	TWO REAI	R EXIT	S.CELLA	R FOR
I hereby certify and swe	ear under penalties	s of perjury that:					
1. the renewed	license will be of	the same type for	or the san	ne premises	now lie	censed;	
2. the licensee	has complied with	all laws of the	Common	wealth relat	ing to t	axes; and	
3. the premises	are now open for	business (If not	explain	below)			
SIGNED BY:							
	Individual, Partne	r or Authorized (Corporate	e Officer			
DATE:	TELEPHON	NE NUMBER:		EMPL	OYER II	DENTIFICA	TION NUMBER:
				(Note: NO	<u>T</u> Indivi	dual Social S	Security Number)
Please Check Below:			1	LOCAL LIC	TENICIN	IC AUTU	ODITV
APPROVED:				By:	LINDII	NO AU III	OKITT
DISAPPROVED:			•				
(If disapproved explain)						
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600048		CITY OR TOWN	MILFORD
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Tanglewood Drive L	LC		
DOING BUSINESS A The Purchase Stree	t Market		
ADDRESS 89 PURCHASE ST			
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE:	01757
MANAGER: Clemente, Robert TYPE	E OF LICENSE:Pac	kage Store CA	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
ONE FLOOR WOOD STRUCTURE WITH AND ONE SIDE ENTRANCE	H CELLAR FOR ST	TORAGE. ONE FRO	ONT ENTRANCE
2. the licensee has complied with a 3. the premises are now open for b SIGNED BY: Individual, Partner o	usiness (If not expla	in below)	taxes; and
individual, Partilei o	r Authorized Corpo	rate Officer	
DATE			
DATE: TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENSI	NG AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600050		CITY OR TOWN MILFOR	RD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ADONIS, IN	NC .		
DOING BUSINESS A QUICK M.	ART		
ADDRESS 58 SOUTH MAIN STE	REET		
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE: 01757	
MANAGER: SAAD, FRED	TYPE OF LICENSE:Pac	ckage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:			
	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
ONE STORY FRAME BLDG WIT CELLAR DOOR FOR ENTRANC		E REAR EXIT BASEMENT	WITH ONE
3. the premises are now op	ed with all laws of the Component for business (If not explanation) Partner or Authorized Corpo		nd
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)70600051		CITY OR TOW	N MILFORD)
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	OHN J. LEBLAN	C			
DOING BUSINESS A	GENES PACKAG	GE STORE			
ADDRESS 80 WATER	R ST				
CITY/TOWN: MILFO	ORD	STATE: MA	ZIP CODE:	01757	
MANAGER:	TYF	PE OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-			
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
SALESROOM; ONE FENTRANCE AND ON		STORY BLDG; CE	LLAR FOR STO	RAGE, ONE FR	RONT
3. the premise: SIGNED BY:	s are now open for	all laws of the Combusiness (If not explored or Authorized Corp	ain below)		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICATE Individual Social S	
Please Check Below:				ENSING AUTH	ORITY
APPROVED: DISAPPROVED:]		By:		
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 070600052		CITY OR TOWN	MILFORD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	A & A FUEL, INC.				
DOING BUSINESS	A ROUTE 109 MOBILE				
ADDRESS 140 ME	DWAY RD				
CITY/TOWN: MII	LFORD ST	CATE: MA	ZIP CODE:	01757	
MANAGER: KAF	RAM, PASSAM TYPE OF	LICENSE:Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMISES:				
RACKS, COOLER,	ORY BUILDING CONTAI AN OFFICE, BATHROOM SECONDARY EXIT AT T	I, AND CASH	I REGISTER. MAIN	N ENTRANC	
	swear under penalties of per				
	ved license will be of the san	-	same premises now	licensed;	
2. the licens	see has complied with all lav	vs of the Com	monwealth relating to	taxes; and	
3. the premi	ises are now open for busine	ss (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner or Au	thorized Corpo	orate Officer		
DATE:	TELEPHONE NUM	MBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
			-		
DATE:					
<i>D.</i> 111.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 070600053		CITY OR TOWN	MILFORD	
APPLICATIO	ON FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE N	AME: MILFORD M	ANDARIN RESTAUR	ANT, INC.		
DOING BUSI	NESS A MILFORD	MANDARIN CHINESI	E RESTAURANT		
ADDRESS 19	96 EAST MAIN ST.				
CITY/TOWN:	: MILFORD	STATE: MA	ZIP CODE:	01757	
MANAGER:	CHAN,SAU HEI(YAM)	TYPE OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		ī
	N OF LICENSED PR				
		WITH A TOTAL OF 5	5 ENTRANCES AND	EXITS	
-	y and swear under pen	=			
		be of the same type for t	•		
	•	with all laws of the Co	_	o taxes; and	
3. the	premises are now ope	n for business (If not ex	plain below)		
SIGNED BY:		utnan an Authanizad Ca	manata Offican		
	marviauai, Pa	ertner or Authorized Co	rporate Officer		
DATE:			EN FOLONIEN		JONANA ADED
DATE.	TELEP	HONE NUMBER:	(Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social Se	
			(<u></u> m.		county I value of
Acts of 2004,	, signed by the buildin	e are in possession (1) ng inspector and the ho nuor liability insuranc	ead of the fire depart	ment for the	above named
Please Check Bel		[wor			
APPROVED:			LOCAL LICENS By:	SING AUTHO	DRITY
DISAPPROV	<u> </u>		By.		
(If disapprove	d explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	0600054		CITY OR TOWN	MILFORD	
APPLICATION FOR RE	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: M	ui T. Tran				
DOING BUSINESS A	CEDAR STREET	MARKET			
ADDRESS 100 EAST M	IAIN ST.				
CITY/TOWN: MILFO	RD	STATE: MA	ZIP CODE:	01757	
MANAGER: Tran, Mu	ni T TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
1ST FLR OF A 2 STOR WITH ONE FRONT EN			MS WITH BASEM	ENT FOR ST	ΓORAGE
3. the premises a SIGNED BY:	nre now open for b	or Authorized Corpo	·	o taxos, and	
	,				
DATE:	TELEPHONE	E NUMBER:			TION NUMBER:
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 0/0600058	CITY OR TOV	VN MILFORD	
APPLICATION FO	R RENEWAL: Annu	al LIC	ENSED FOR 20	013
	CLAS	SS		YEAR
	JEN JES CORPORATION A LIQUOR WORLD WAY ROAD			
CITY/TOWN: MII	LFORD STATE:	MA ZIP CODE	: 01757	
	NNIDES, TYPE OF LICENS	SE:Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS		_
	LICENSED PREMISES:			
A 6,000 SQ. FT. ES	TABLISHMENT, WITH FRONT A	ND REAR ENTRAN	CES.	
3. the prem SIGNED BY:	ises are now open for business (If no Individual, Partner or Authorized			
DATE:	TELEPHONE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)	LOCAL LICI By:	ENSING AUTHO	ORITY
DATE:				



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LICENSE NUMB	ER: 070600061		CITY OR TOWN	1 MILFORD	
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAMI	E: MARIO TOPUZ	ZI AND VASIL ISILE	OAKLI		
DOING BUSINES	SS A JOHNNY JAC	CK'S RESTAURANT			
ADDRESS 220 M	AIN STREET				
CITY/TOWN: M	IILFORD	STATE: MA	ZIP CODE:	01757	
MANAGER:	ר	ΓΥΡΕ OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
		R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	F LICENSED PRE		MCEDAD TABLE		TY YO
		RANT, WITH A SER CE AND REAR EXIT.		2S AND BOOT	THS,
I haraby cartify an	d awaar undar nanal	tion of parium, that			
•	d swear under penal ewed license will be	of the same type for the	ne same premises no	w licensed:	
		vith all laws of the Cor	•		
	-	for business (If not exp	_	,	
SIGNED BY:					
	Individual, Part	mer or Authorized Cor	porate Officer		
DATE:			EMPLOY	ED IDENTIFICAT	CION NUMBER.
DATE.	TELEPH	ONE NUMBER:		ER IDENTIFICAT Individual Social S	
		are in possession (1) t inspector and the he	-		
		or liability insurance			
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	-1-:-)				
(If disapproved ex	ріаіп)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 070600062		CITY OR TOWN MIL	FORD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: TWO MEDALS	SLLC		
DOING BUSINES	SS A 89 CENTRAL	E TRATTORIA AND B	AR	
ADDRESS 89 MA	IN STREET			
CITY/TOWN: M	ILFORD	STATE: MA	ZIP CODE: 017	57
	ONTECALVO, T CHAEL	TYPE OF LICENSE: Res	taurant CATEG	ORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION O	F LICENSED PRE	MISES:		
STORAGE SPACE	E, TWO BATHRO	OMS, EXCLUSIVE USE	ACE, STREET LEVEL OF STAIRWAY ACCEN RESTAURANT ROOM	SSING
I hereby certify and	d swear under penal	ties of perjury that:		
1. the rene	ewed license will be	of the same type for the	same premises now licens	sed;
2. the lice	nsee has complied v	with all laws of the Comn	nonwealth relating to taxe	s; and
3. the prer	nises are now open	for business (If not expla	in below)	
SIGNED BY:	Individual, Part	ner or Authorized Corpo	rate Officer	
DATE:	TELEPH	ONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004, sign	ned by the building	inspector and the head	e certificate required by of the fire department t equired by Chapter 116	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-1-:-)			
(If disapproved exp	piaiii)			
DATE:				



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LICENSE NUMBER	1: 070600063		CITY	OR TOWN	MILFORD	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 45 DEPO	A	IVELLO				
CITY/TOWN: MIL		STATE: M	IA ZII	P CODE:	01757	
MANAGER:	TYF	PE OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YO	UR EMAIL ADDF	RESS		
DESCRIPTION OF I						
ONE FLOOR REST. BASEMENT INCLU		NCL. KITCHEN,	DINING R	OOM, FUL	L STORAGE	
	ee has complied with ses are now open for Individual, Partner	business (If not e	explain belo	w)	to taxes; and	
DATE:	TELEPHON	E NUMBER:	(1)			TION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the o	by the building ins	spector and the l	nead of the	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOC By:	AL LICEN	SING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 070600067		CITY OR TOWN	AILFORD	
APPLICATION FOR	RENEWAL:	Annual	LICENSE	ED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	THOMAS A. HICKEY	, INC			
DOING BUSINESS	A HICKEY'S LIQUORS				
ADDRESS 396 EAS	Γ MAIN STREET				
CITY/TOWN: MIL	FORD	STATE: MA	ZIP CODE:	01757	
MANAGER: HICK CHAI	EY, TYPE O	F LICENSE: Pac	ekage Store CAT	EGORY: All Alcohol	
EMAIL ADDRESS:					
1	LEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISES:				
4500 SQ. FT. STORI DELIVERIES	E, WITH A FRONT ENT	RANCE, A SLI	DE DOOR, AND A R	EAR DOOR FOR	
	e has complied with all l es are now open for busi Individual, Partner or A	ness (If not expl	ain below)	axes; and	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSIN By:	G AUTHORITY	
DATE:					



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LICENSE NUMBER	R: 070600068	•	CITY OR TOWN	MILFORD	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	99 WEST, INC				
DOING BUSINESS	A 99 RESTAURAN	T/PUB			
ADDRESS 00196B	EAST MAIN ST				
CITY/TOWN: MIL	FORD	STATE: MA	ZIP CODE:	01757	
MANAGER: HOU	LEY, JAMES TYP	PE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE LICENSED PREMIS	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		-
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ed license will be of t	the same type for the s	ame premises now	licensed;	
	-	all laws of the Commo	_	taxes; and	
3. the premi	ses are now open for	business (If not explai	n below)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d by the building ins	in possession (1) the pector and the head liability insurance red	of the fire departı	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ain)				
(ii disupproved expre	····/				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY LI	CENSEES DURING THE MO	NTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 070600071		CITY OR TOWN	MILFORD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: TURTLE TAVERN	, INC.		
DOING BUSINES	S A			
ADDRESS 72 MA	IN STREET			
CITY/TOWN: MI	ILFORD	STATE: MA	ZIP CODE:	01757
MANAGER: TO HE	the state of the s	E OF LICENSE: Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMIS	ES:		
	`WITH LOUNGE, BAI ND REAR SERVICE E			
I hereby certify and	l swear under penalties	of perjury that:		
1. the rene	wed license will be of the	ne same type for th	e same premises now	licensed;
2. the licer	nsee has complied with a	all laws of the Com	monwealth relating t	to taxes; and
3. the pren	nises are now open for b	ousiness (If not exp	lain below)	
SIGNED BY:	Individual, Partner of	or Authorized Corp	oorate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sign	ed by the building insp	pector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:]		By:	
DISAPPROVED:				
(If disapproved exp	olain)		-	
DATE.				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 070600072		CITY OR TOWN	MILFORD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHIM THAI	, INC.			
DOING BUSINESS	A CHIM THA	I RESTAURANT			
ADDRESS 196 EAS	ST MAIN STRE	EET			
CITY/TOWN: MII	FORD	STATE: MA	ZIP CODE:	01757	
	KSAGANZ, TAMAS	TYPE OF LICENSE:R	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
		ACE IN A COMMERCI NCE AND EGRESS	AL BLDG IN A SHO	PPING MAI	LL. TWO
3. the premi		en for business (If not exp			
DATE:	TELEF	PHONE NUMBER:			FION NUMBER:
Acts of 2004, signe	d by the buildi	ve are in possession (1) t ng inspector and the he quor liability insurance	ad of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	ain)				
(11 disapproved expir	/				
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600073	(CITY OR TOWN MILFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: APPLE NEW EN	NGLAND	
DOING BUSINESS A APPLEBEE'S N	NEIGHBORHOOD GRII	LL & BAR
ADDRESS 91 MEDWAY RD		
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE: 01757
MANAGER: VILLIARD, TYPHILLIP LUCIAN	YPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	IISES:	
FREE STANDING FULL RESTAURA AREA PLUS APPROX 1000 SQ FT TI KITCHEN AND DINING ROOM WIT SIDE EXIT. REAR ENTRY FOR DEL	RASH COOLER ENCLO TH BAR, SEATING 174	PEOPLE. FRONT ENTRANCE AND
I hereby certify and swear under penalti	es of perjury that:	
1. the renewed license will be o	of the same type for the sa	ame premises now licensed;
2. the licensee has complied wi	th all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open for	or business (If not explain	n below)
SIGNED BY: Individual, Partn	er or Authorized Corpora	ate Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 070600076		CITY OR TOWN	N MILFORD	
APPLICATION 1	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: BRIARWOOD	RESTAURANTS, LLC			
DOING BUSINE	ESS A THE ALAMO)			
ADDRESS 55 M	EDWAY ROAD				
CITY/TOWN: N	MILFORD	STATE: MA	ZIP CODE:	01757	
	ULLIVAN, REDERIC H. JR	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION (OF LICENSED PRE	EMISES:			
BASEMENT. REENTRANCE/EX	ESTAURANT, LST IT,LOUNGE,2ND F	JRE,BASEMENT FOR S FL WITH DINING ROC FL WITH KITCHEN, BA L VIA STAIRCASE & E	M, KITCHEN,RI R,RESTROOMS	EST-R ROOMS .LOUNGE TO	FRONT
I hereby certify a	nd swear under pena	lties of perjury that:			
1. the rea	newed license will be	e of the same type for the	same premises no	w licensed;	
	-	with all laws of the Comm	_	g to taxes; and	
3. the pro	emises are now open	for business (If not expla	ain below)		
SIGNED BY:	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPH	HONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sig	gned by the building	are in possession (1) the g inspector and the head uor liability insurance r	l of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved ex					
(ii disapproved e	apiaiii)				
DATE:					



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LICENSE NUMI	BER: 070600080		CITY OR TOWN	MILFORD	
APPLICATION :	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINE		ТО			
	CENTRAL STREET				
CITY/TOWN: 1	MILFORD	STATE: MA	ZIP CODE:	01757	
MANAGER: C	CHESCHI T' R.,LOUIS J.	YPE OF LICENSE:Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION	OF LICENSED PREM	IISES:			
TWO RESTROC OUTSIDE THE	OMS, AND OFFICE OPREMISES ON THE	NG OF LOUNGE, DIN N SECOND FLOOR. I PROPERTY ON THE (PATIO AREA NOW U	NCLUDES SERV CENTRAL SIDE (TICE OF ALL OF	AB
I hereby certify a	nd swear under penalti	es of perjury that:			
1. the rea	newed license will be o	of the same type for the	same premises no	w licensed;	
2. the lic	ensee has complied wi	th all laws of the Comn	nonwealth relating	to taxes; and	
3. the pro	emises are now open for	or business (If not expla	in below)		
SIGNED BY:	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, sig	gned by the building i	re in possession (1) the inspector and the head or liability insurance re	of the fire depar	tment for the	above named
Please Check Below:	1		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	xpiain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 070600082		CITY OR TOW	N MILFORD)
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 112 MA	S A CASA BRASI	L			
CITY/TOWN: MII		STATE: MA	A ZIP CODE:	01757	

MANAGER: DE O	· · · · · · · · · · · · · · · · · · ·	YPE OF LICENSE:	Kestaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF		R WEBSITE AND ENTER YOU MISES:	R EMAIL ADDRESS		
2. the licens	see has complied w	of the same type for the rith all laws of the Cofor business (If not ex	mmonwealth relatin		
SIGNED BY:	Individual, Parti	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	ed by the building	are in possession (1) inspector and the ho or liability insurance	ead of the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 070600083		CITY OR TOWN MILFO	ORD
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N.	AME: TOP OF TH	IE COURT, INC.		
DOING BUSI	NESS A			
ADDRESS 18	9 MAIN STREET			
CITY/TOWN:	: MILFORD	STATE: MA	ZIP CODE: 01757	
MANAGER:	AFONSO, DOMINGOS	TYPE OF LICENSE: Rec	staurant CATEGOI	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED P			
DINING ROO	M, COUNTER, FO	OD PREPARATION AREA	AR AND KITCHEN.	
2. the	licensee has compli premises are now o	• 1		
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIF (Note: NOT Individual So	
Acts of 2004,	signed by the build	ling inspector and the head	e certificate required by Ch d of the fire department for required by Chapter 116 of	the above named
Please Check Beld			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(II disupprove	a explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 070600084		CITY OR TOWN MILEON	(I)
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	IMPERIAL BUFF	ET, INC.		
DOING BUSINESS	A			
ADDRESS 350 EAS	T MAIN STREET			
CITY/TOWN: MIL	FORD	STATE: MA	ZIP CODE: 01757	
MANAGER: BRIA	N K.CHENG TY	PE OF LICENSE: Rest	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	SES:		
I hereby certify and s	waar undar panaltias	of parium that		
•	•	1 0 0	same premises now licensed;	
		* *	nonwealth relating to taxes; an	ıd
	•	business (If not expla	<u> </u>	
SIGNED BY:				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
			(Note: NOT marvidual Soci	ar security Number)
			certificate required by Cha	
			of the fire department for t equired by Chapter 116 of the	
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 070600086		CITY OR TOWN	N MILFORD	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NATALIA MARQ	UES			
DOING BUSINESS	A NELLY'S SAND	WICH SHOP			
ADDRESS 113 CEN	NTRAL STREET				
CITY/TOWN: MII	LFORD	STATE: MA	ZIP CODE:	01757	
	RQUES, TYI	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
 the renew the licens 	swear under penalties wed license will be of see has complied with ises are now open for	the same type for the all laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are d by the building in certificate of liquor	spector and the head	l of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	 ain)				
(ii disuppioved expi	u,				
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	/0600088		CITY OR TOW	N MILFORD	
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
I hereby certify and swe 1. the renewed 2. the licensee	WANOKURA ST. SUITE 12 ORD A, WESLEY TYPE CASE ALSO VISIT OUR WEBS CENSED PREMISES car under penalties of license will be of the has complied with all	STATE: MA OF LICENSE: Res THE AND ENTER YOUR EN S: E perjury that: e same type for the I laws of the Comr	same premises no	CATEGORY:	Wine and Malt Regular
2. the licensee		l laws of the Comr	nonwealth relating		
	ndividual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:		YER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspe	ector and the head	d of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600)89	CITY OR TOWN	MILFORD
APPLICATION FOR RENEW	VAL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JAMES	G. GUIDO		
DOING BUSINESS A GUID	O & SON ITALIAN IMPOF	RTS	
ADDRESS 194 WEST STRE	ET		
CITY/TOWN: MILFORD	STATE: M	IA ZIP CODE:	01757
MANAGER: GUIDO, JAM	ES G. TYPE OF LICENSE	:Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
THE PREMISES CONSISTS DOOR ENTRANCE, AND H.			OR & GARAGE
3. the premises are no SIGNED BY:	mplied with all laws of the C w open for business (If not e	explain below)	rtaxes, and
IIIGI VIC	sui, Further of Fluthoffzed Co	orporate officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 070600090		CITY OR TOWN	MILFORD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	: TRUFFLES GRILI	LE & WINE BAR,	LLC		
DOING BUSINESS	SA				
ADDRESS 198 EA	STAIN STREET				
CITY/TOWN: MI	LFORD	STATE: MA	ZIP CODE:	01757	
MANAGER: WA	LLACH, ANNA TYF	PE OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
2. the licens	wed license will be of see has complied with ises are now open for	all laws of the Con	nmonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor	spector and the hea	nd of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved expl	iaiii)				
DATE:					



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LICENSE NUMBI	2K: 0/0600091		CITY OR TO	WN MILFORD	
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: THAVATCHAI V	VITUNITAYA			
DOING BUSINES	S A THAI PEPPER				
ADDRESS 178 EA	AST MAIN ST				
CITY/TOWN: M	ILFORD	STATE: MA	A ZIP CODI	E: 01757	
MANAGER:	TY	PE OF LICENSE:	Restaurant	CATEGORY:	Wine and
					Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR V		R EMAIL ADDRESS		
	F LICENSED PREMI DOOR AND ONE E				
THE SQUARE FO SEPARATE REST RESTROOM FOR FOUR DOORS, W	NING IN FRONT, K OOTAGE TO 1100 SO TROOMS IN THE BA RESTAURANT AN THICH COULD SER TWO IN THE BACK	Q. FT. TO ACCOM ACK FOR MEN AN D STAFF LOCATI VE AS EMERGEN	MODATE 50 PEO ID WOMENAN ED NEXT TO TH	OPLETHERE AND ANOTHER E KITCHENT	ARE HERE
	d swear under penaltie				
•	ewed license will be or		the same premises	now licensed;	
	nsee has complied wit	* *	-		
	nises are now open fo				
-					
SIGNED BY:	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TEI EPHO	NE NUMBER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHO	NE NOMBER.	(Note: NO	T Individual Social S	Security Number)
Acts of 2004, sign	ned, attest that we ar ned by the building in e certificate of liquor	nspector and the h	ead of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					
DAIL.					



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 070600092	C	CITY OR TOWN	MILFORD	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	FUN ZONE MILFO	ORD, LLC			
ADDRESS 110 SOL	JTH MAIN STREET				
CITY/TOWN: MII		STATE: MA	ZIP CODE:	01757	
MANAGER: BRE	EN, DAVID J. TYP	E OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DEG CDAPTION OF		BSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
 the renew the licens 	ee has complied with	he same type for the sa all laws of the Commo pusiness (If not explain	nwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpora	te Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building insp	in possession (1) the opector and the head of iability insurance req	of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	oin)				
(11 disappioved expir	am <i>i</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 070600094		CITY OR TOWN	MILFORD	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	JOSE CERQUIERA	A & THERESA CEI	RQUEIRA		
DOING BUSINESS	A ARCOS MARKE	Γ			
ADDRESS 34A MA	IN STREET				
CITY/TOWN: MIL	FORD	STATE: MA	ZIP CODE:	01757	
MANAGER: CERO	QUEIRA, JOSE TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-			
Ī	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	ES:			
1400 S/F COMMERO			TRANCE/EXIT.		
I hereby certify and s	_				
	ed license will be of t		_		
	ee has complied with ses are now open for b		=	o taxes; and	
3. the premis	ses are now open for t	ousiness (II not expi	iam below)		
SIGNED BY:					
SIGNED D1.	Individual, Partner	or Authorized Corp	orate Officer		
DATE:					Y0111111111111111111111111111111111111
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
			(1/ote: <u>1/01</u> Ind	ividual Boelai B	ceurity (vainber)
Diagga Chaola Dalayy			1 0 G 1 1 1 1 G 1 1 1 1 G 1 1 1 1 G 1 1 1 1 G 1 1 1 1 G 1 1 1 1 G 1 1 1 1 G 1 1 1 G 1 1 1 G 1 1 1 G 1 1 1 G 1 1 G 1 1 G 1 1 G	D. C	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	DRITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070600096		CITY OR TOWN	MILFORD	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: PAUL J. MOI	FFI			
DOING BUSINESS A JP WINE &	SPIRITS			
ADDRESS 134 SOUTH MAIN STE	REET			
CITY/TOWN: MILFORD	STATE: MA	ZIP CODE:	01757	
MANAGER: MIFFI, PAUL J.	TYPE OF LICENSE:Pa	ackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LICENSED PR	EMISES:			
THE PREMISE IS A 560 SQUARE ENTRANCE	FOOT COMMERCIAL	UNITIT HAS A F	RONT & RE	AR
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will b	be of the same type for th	e same premises now	licensed;	
2. the licensee has complied	with all laws of the Com	monwealth relating t	o taxes; and	
3. the premises are now ope	n for business (If not exp	lain below)		
SIGNED BY:				
	artner or Authorized Corp	orate Officer		
DATE: TELEP	HONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
		(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMBER	: 070600097		CITY OR TO	WN MILFORD	,
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	EMZ MZRT LL	C			
DOING BUSINESS	A ISABELLE'S				
ADDRESS 335 1/2 I	MAIN STREET				
CITY/TOWN: MIL	FORD	STATE: MA	ZIP COD	E: 01757	
MANAGER: benja	min, carlos T	YPE OF LICENSE: Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
'	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
ENTRANCES, ONE PARKING LOTW ONE EMERGENCY	FACING FAYET TTH TWO ACCE DOOR EXIT ON	ET CONSISTS OF ONE TTE STREET AND THE SSIBLE RESTROOMS I THE LEFT SIDEA I EMERGENCY EXIT	E OTHER FAC	CING THE PUBLEHT SIDETHE	RE IS
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type for the	same premises	now licensed;	
	-	rith all laws of the Comm for business (If not expla		ing to taxes; and	
SIGNED BY:	Individual, Part	ner or Authorized Corpor	rate Officer		
DATE:	TELEDIA		EMDI	OYER IDENTIFICA	TION MIMBED.
DITTE.	TELEPHO	ONE NUMBER:		$\underline{\mathbf{v}}$ Individual Social S	
Acts of 2004, signed	by the building	nre in possession (1) the inspector and the head or liability insurance re	of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 070600098		CITY	Y OR TOWN	MILFORD	
APPLICATION FOR	R RENEWAL:	Annu	ıal	LICEN	SED FOR 20)13
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS		MARKET				
ADDRESS 102 CEN	TRAL STREET					
CITY/TOWN: MIL	FORD	STATE:	MA Z	ZIP CODE:	01757	
MANAGER: VAZ	, THERESA	ΓΥΡΕ OF LICEN	SE:Package	Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF 1 21/2 STORY BUILD AND ONE EXIT/EN STORAGE I hereby certify and s 1. the renew 2. the license	LICENSED PREDINGONE EXITRANCE ON B wear under penaled license will be been has complied were are now open	T AND ONE EN RAGG SLIPB	TRANCE IN ASEMENT A at: for the same e Commonwe ot explain be	THE FRONTAND ONE RE premises now ealth relating to	AR ROOM F	
DATE:	TELEPH	ONE NUMBER:		EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LO By	CAL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 070600100	C	CITY OR TOWN MILFORD)
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: LJJ, INC			
DOING BUSIN	NESS A GOURMET I	PIZZA		
ADDRESS 196	MAIN STREET			
CITY/TOWN:	MILFORD	STATE: MA	ZIP CODE: 01757	
	WASSARMAN, LISA B	TYPE OF LICENSE: Restar	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
	N OF LICENSED PRE			
1 REAR ENTR	ANCE CONTAINING	G 11 BOOTHS FOR SEAT	T WITH 1 FRONT ENTRAN ING WITH OVENS, COOLE NE BATHROOM AND ONE	RS AND
I hereby certify	and swear under pena	lties of perjury that:		
1. the r	renewed license will be	e of the same type for the sa	me premises now licensed;	
2. the l	icensee has complied	with all laws of the Commo	nwealth relating to taxes; and	
3. the p	premises are now open	for business (If not explain	below)	
SIGNED BY:				
	Individual, Par	tner or Authorized Corpora	te Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, s	signed by the building	g inspector and the head o	ertificate required by Chapt f the fire department for the uired by Chapter 116 of the	above named
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(ii disapproved	expiaiii)			
DATE:				